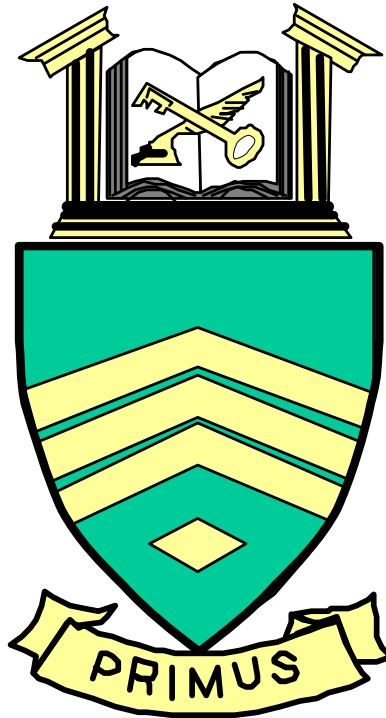


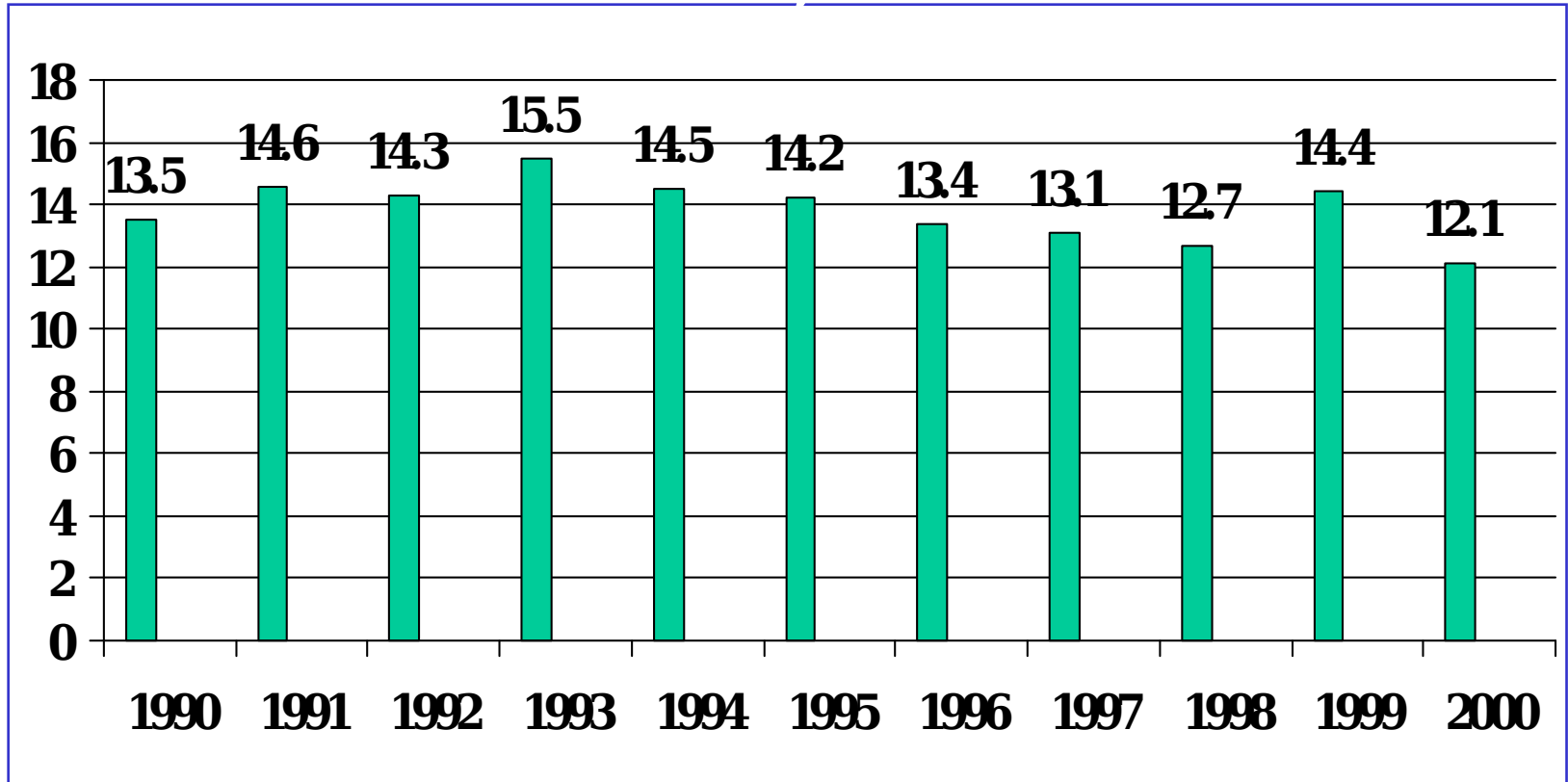
Suicide Prevention



Identify requirements and responsibilities for a suicide prevention and awareness program

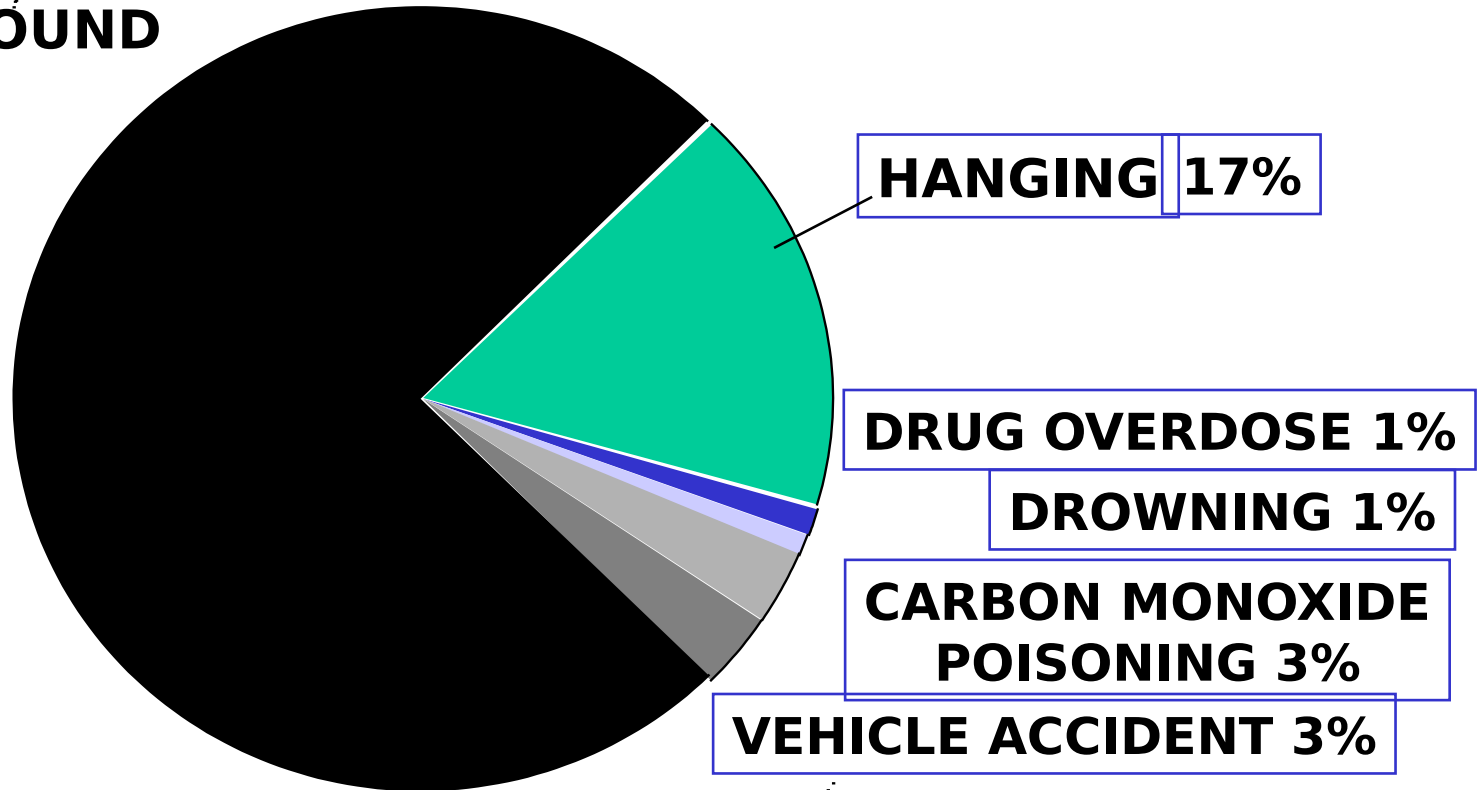
SUICIDE RATE BY YEAR

1990-2000



SUICIDES BY METHOD 2000

**SELF INFLICTED
GUNSHOT WOUND**
75%



METHOD OF SUICIDE

SUMMARY 2000

Profile of a “Typical” Army Suicide

Males	93%
White	71%
Age 18-25	
PVT thru SSG	Majority
Married Soldiers	58%



ARMY SUICIDE PREVENTION PROGRAM

- **Reduces Army's Suicide Risk.**
- **Establishes suicide risk identification training.**
- **Outlines ASPP responsibilities.**
- **Requires psychological autopsy.**

ASPP PROVIDES

- **Suicide prevention education awareness:**
 - **risk identification**
 - **crisis intervention and referral**
- **Mental health and UMT resources.**
- **Assistance to families with suicide loss.**

ASPP TRAINING REQUIREMENTS

- **In all Army leadership development courses.**
- **In unit officer/NCO professional development courses.**
- **In post level courses for civilian supervisors and CPO personnel.**
- **As in-service training for professionals and military police.**

ASPP TRAINING REQUIREMENTS (cont)

- **Mental health officers “train the trainers”.**
- **Unit ministry teams assist with training.**
- **Army community services conducts education awareness program for family members.**

FMSPPE EDUCATION AWARENESS

- **Recognize the signs of increased suicide risk.**
- **Learn about referral sources.**
- **Educational programs will focus on:**
 - **Parents.**
 - **Teenagers.**
 - **Spouses.**

DEPRESSION SIGNS

- **Increase/decrease of appetite.**
- **Insomnia or excessive sleeping.**
- **Behavioral agitation or slowing of movement.**
- **Loss of interest/pleasure and decreased sexual drive.**
- **Loss of energy, fatigue.**

DEPRESSION SIGNS (cont)

- **Complaints or diminished ability to think or concentrate.**
- **Feelings of worthlessness.**
- **Withdrawal from family/friends.**
- **Drastic mood changes.**
- **Sudden change in behavior.**

IMMEDIATE DANGER SIGNALS

- **Talking about or hinting at suicide.**
- **Giving away possessions or making a will.**
- **Obsessions with death, sad music/poetry.**
- **Making specific suicide plans and access lethal means .**
- **Buying a gun.**

IDENTIFICATION AND CRISIS INTERVENTION

- **Early leader involvement.**
- **Identify persons at risk.**
- **Listen and refer person to helping agency.**
- **Take person expressing suicidal thoughts to a mental health professional.**
- **Summon law and medical personnel if individual declines help.**

IDENTIFICATION AND CRISIS INTERVENTION (cont)

- **Alter crisis creation conditions.**
- **Primary 24-hour medical treatment facilities.**
- **Maximum use of civilian “hot-lines”.**

SUICIDE POTENTIAL!

WHAT TO DO ?

- **Take threats seriously**
- **Answer cries for help**
- **Confront the problem**
- **Tell them you care**
- **Get professional help**



SUICIDE POTENTIAL! WHAT NOT TO DO.

- **Do not leave him alone.**
- **Do not assume the soldier is not suicidal.**
- **Do not act shocked.**
- **Do not debate the morality of self destruction.**
- **Do not keep a deadly secret.**

COMMANDER'S SRMT FUNCTIONS

- **Convene SRMT when a soldier is a suicide risk.**
- **Institute procedures for identification, evaluation and medical evacuation of At risk soldiers.**
- **Maintain an active liaison with other members of the SRMT.**
- **Coordinate administrative actions.**

PSYCHOLOGICAL AUTOPSY

- **Confirmed or suspected suicides.**
- **Single car accidents with no survivors.**
- **Accidents involving unusual circumstances.**
- **Cases in which manner of death is equivocal.**
- **Other cases when requested by the commander or CIDC special agents.**

PSYCHOLOGICAL AUTOPSY ANSWERS

- **Why did the individual do it?**
- **What is the most probable mode of death?**



SUICIDE IS PREVENTABLE

